

EXHIBIT "G"



ACADEMIR CHARTER SCHOOLS, INC.

ACCIDENT/INCIDENT REPORT

☒ Student
☐ Employee
☐ Visitor

☐ Accident ☒ Incident

Name: [REDACTED] Student ID [REDACTED] Grade: KG

Address: [REDACTED] Home [REDACTED] Mobile () SAME

Gender: Male Female Date of Accident/Incident: 1/20/23 Time of Accident/Incident: 2:25 PM

Accident/Incident Details (Describe the incident): student was told inappropriate language by another student.

Check off the appropriate description

LOCATION	ANATOMICAL LOCATION		NATURE OF INJURY
Bathroom	Abdomen	Foot	Abrasion
Hallway	Ankle	Hand	Bruise
<u>Classroom</u>	Arm	Head	Burn
Field	Back	Knee	Bite-animal
School Bus	Chest	Mouth	Bite-insect
Field Trip Location: _____	Ear	Neck	Bite-human
Parking Lot	Elbow	Nose	Sprain
Other _____	Eye	Shoulder	Break
	Face	Teeth	Other _____
	Finger	Wrist	
		Other _____	

Is there a witness: Yes / No If yes - Name of Witness: _____ Relation to Victim: _____

Witness Statement: _____

Initial First Aid: Yes / No Items used/given: _____

If the individual is a student

Parent Notified: Yes / No Name of Parent/Guardian: [REDACTED] Time of Notification: 2:55 a.m. / p.m.

Parent Response: [REDACTED] - Thank you for letting me know.

Was EMS called: Yes / No If yes, case # _____ Did EMS transport: Yes / No If yes, where? _____

If no, why: _____ (student only)

If not transported, why: _____

If no, why: I refuse EMS services _____ (employees / visitors only)

Staff Initials

Follow-Up Contact

Emergency Room: Yes / No Will Accident cause absence from school: Yes / No If so, expected number of days: _____

Signature of person reporting: [REDACTED]	Date: <u>1/24/23</u>
Parent Signature: [REDACTED]	Date: <u>1/24/23</u>
Employee's Signature: <u>[Signature]</u>	Date: <u>1/24/23</u>
Principal's Signature: <u>[Signature]</u>	Date: <u>1/24/23</u>